

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90023 045 \*\*\*150.00

DOCUMENT # M39997

1. Entity Name

P.J.M.A. ENTERPRISES INC.



Principal Place of Business

C/O CECIL GOFF  
941 TANGLEWOOD CIRCLE  
WESTON FL 33327  
US

Mailing Address

C/O CECIL GOFF  
941 TANGLEWOOD CIRCLE  
WESTON FL 33327  
US

2. Principal Place of Business

10111 NW 24 PL.

3. Mailing Address

10111 NW 24 PL.

Suite, Apt. #, etc.

Apt. 105 Bldg. 197

Suite, Apt. #, etc.

Apt. 105 Bldg. 197

City & State

Sunrise, FL.

City & State

Sunrise, FL.

Zip

33322-6881

Country

US.

Zip

33322-6881

Country

US.



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAYAD, AFIF NAGIB  
1541 ELM GROVE ROAD  
WESTON FL 33327

7. Name and Address of New Registered Agent

Name: Fayad, Afif Nagib  
Street Address (P.O. Box Number is Not Acceptable):  
10111 NW 24 PL.  
Apt. 105 Bldg. 197  
City: Sunrise, FL Zip Code: 33322-6881

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Afif N. Fayad* Afif N. Fayad

2/23/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MIGUEL, PEDRO J  
STREET ADDRESS 941 TANGLEWOOD CIRCLE  
CITY-ST-ZIP WESTON FL 33327

TITLE VD ☐ Delete  
NAME MIGUEL, LILIA SLEBI DE  
STREET ADDRESS 941 TANGLEWOOD CIRCLE  
CITY-ST-ZIP WESTON FL 33327

TITLE VD ☒ Delete  
NAME SLEBI, LILIA MIGUEL  
STREET ADDRESS 941 TANGLEWOOD CIRCLE  
CITY-ST-ZIP WESTON FL 33327

TITLE SD ☐ Delete  
NAME FAYAD, AFIF NAGIB  
STREET ADDRESS 1541 ELM GROVE ROAD  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Miguel, Pedro J  
STREET ADDRESS 10111 NW 24 PL, Apt. 105 Bldg. 197  
CITY-ST-ZIP Sunrise, FL 333-226881

TITLE VD ☒ Change ☐ Addition  
NAME Miguel, Lilia Sleb. De  
STREET ADDRESS 10111 NW 24 PL Apt. 105, Bldg 197  
CITY-ST-ZIP Sunrise, FL 333-226881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition  
NAME Fayad, Afif Nagib  
STREET ADDRESS 10111 NW 24 PL, Apt. 105, Bldg. 197  
CITY-ST-ZIP Sunrise, FL 33322-6881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Afif N. Fayad* Afif N. Fayad Secretary/Director 2/23/04 (703) 897-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #